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ORIGINAL COMMUNICATIONS.

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A CASE IN PRACTICE.

BY JOHN FEARN, M. D., OAKLAND, CAL.

OR one year ago a young man called upon me for the treatment of a scalp disease, which had existed for years, and up to this time had resisted the efforts of several physicians to give even relief. His difficulty was in the form of a most persistent "Pityriasis Capitis"; on combing the hair the furfuraceous scales would literally rain down on his back and shoulders. There seemed a slight tendency to scrofula in the young man, otherwise, he was in good health. Alteratives were prescribed for their effect on the general system, and to the scalp was applied cooling and cleansing lotions, amongst which were sub-boras sodæ, chloral hydrate, and jaborandi. After several months of perseverance, I had the pleasure to see the scales becoming very much less; then so far as they were concerned the scalp was normal soon after this result was obtained.

I noticed in several places on the scalp a thick crop of warty tags. They were not the ordinary verruca, but were more or less

flattened like tags. Many of the ordinary remedies used for the destruction of warts were used, and the remedies destroyed the tags. But in a surprisingly short space of time these tags were reproduced, till I was much disheartened. I had counsel, but the remedies suggested were the same remedies I had been using. Wishing to know whether there was some syphilitic taint I interviewed the father on the subject, but got no light. I afterwards found out to my chagrin that the young man's father was dead, and that I had been interviewing his step-father. So that I had in this case been barking up the wrong tree. I now began to fear that I would fail as others had done before me; but determined to make another effort, I again resorted to the use of alteratives. Remembering that magnesia sulph. had been very highly recommended for the treatment of verruca—although in another case it had failed—I determined to try it, and accordingly I prescribed.

℞ Magnesia sulph. grains lxiv.
Co. syr. berb. aquifol. ʒiv.

M. Sig.—ʒi 4 times a day. From this time it was plain sailing. The warts that were there died out without local attention. And no more came to take their places. This case brought me much care and thought, but in the end considerable credit, and a good fee which was cheerfully paid.

RATIONAL MEDICATION.

BY G. P. BISSELL, M. D.

IN another paper I was led to make some remarks on the arrogant and intolerant attitude of the old school against other schools; and those remarks suggest some reflections as to the rationale of therapeutics.

Of what use is medication save to heal? And if its use be to heal, then, without doubt, the best means known should be employed. But experience alone is capable of indicating what medicines are best for given conditions. So true is this, that as

illustration I take that cycle of diseased condition which has more than once forced itself on the attention of every old practitioner. He knows that every now and then disease returns with modified appearance and symptoms, and therefore requires a modified treatment. Now his previously gained experience and observation enable him so to vary his remedies as to meet the modified form of the disease. To clearly recognize the indications for exhibition, it is needful that he should appreciate the condition of the patient, for this condition is the form of the disease. It is clear then that it is not for a name that we should prescribe, but for a condition. Whoever prescribes for pneumonia will lose his patient. Whoever prescribes for the condition of his patient suffering from pneumonia, or any other disease, will save his patient, if he has proper knowledge of remedies.

This brings us back to therapeutical means. To illustrate the importance of knowledge of remedies, let us suppose a man to be thoroughly versed in all other branches of medical knowledge, but to be ignorant of materia medica. Such a man will readily make the diagnosis of pneumonia, but would have no idea what remedy to prescribe. Even if he did have a general knowledge of materia medica, his prescription could only be relatively good, unless he had studied diagnosis of conditions in connection with remedies.

But it is precisely this study of diagnosis of conditions in connection with remedies that the old school physicians in the haughty arrogance of their ignorance condemn in Eclectics; and it is precisely this, too, that gives Eclectics their greater success in treating disease, over the old school.

Could that school but see themselves as others see them, they would realize that it illy becomes them to put on airs of superiority over others when they have scarcely yet freed themselves of the practice of giving tartar emetic in two-grain doses and rising, every two hours in cases of pneumonia and rheumatism; and who even now make calomel the sheet anchor of their reliance in most acute diseases.

The conclusion, then, is that there is a rational practice of medicine. That rational practice is determined by experiment

and knowledge of the remedy which so modifies the diseased condition of the system as to bring it back to healthy action. This is the system upon which Eclectics practice. We care more to know that condition, and what remedy will counteract it and restore health, than we do to prescribe for pleuritis or endocarditis, or spinal meningitis; and our success justifies our choice.

NOTES AND COMMENTS.

BY ALEXANDER WILDER, M. D., NEWARK, N. J.

THE American Medical Association at its recent meeting at Newport, R. I., received the report of its Committee on Legislation, which recommended uniform medical statutes all through the country. It proposes as the necessary qualifications to be required of practitioners: "First, an examination by a State Board to test the fitness to be a practitioner. This examination shall include at least English grammar, composition, geography, history, arithmetic, algebra, physics or the natural sciences, together with at least one of the following languages—Latin, French, or German; provided, however, that the graduates of regular colleges be exempted from said examinations."

THE New Medical and Surgical College of New Jersey held its first commencement June 28, and granted the degree of M. D. to twelve students. The college was incorporated by special statutes of New Jersey in 1870, but held its first term last year. Several of the veteran Eclectics were present and made addresses. The faculty consists of Doctors George H. Day, Albert B. Whitney, George E. Potter, Robert A. Gunn, John H. Davies, Rev. E. P. Thwing, C. A. Barnes, and Hon. R. B. Leyman. The third term will begin in October.

A TELEGRAPHIC dispatch from Concord states that the Supreme Court of New Hampshire, on the 26th of July, quoted the indictments against a physician and a dentist, and declared the law requiring licenses for the practice of medicines and dentistry, unconstitutional.

IN Pennsylvania a graduate of the "Vitapathic" Institute of Cincinnati, Ohio, was prosecuted for practicing without an endorsed and registered diploma. The court decided that it was not necessary for him, under the statutes of the United States. Another case is up—a man practicing animal magnetism was arrested July 20, for "practicing medicine and surgery." The suit will be carried to the highest court. Few doubt the constitutionality of the medical statutes of Pennsylvania, or do not reprobate the fact that the medical colleges treat it not as a public measure, but as a "private snap" of their own.

JUSTICE NORMAN who declared the medical statutes of Missouri unconstitutional in its most important practices, is now Mayor of St. Louis.

IN the American Medical Association honors are very easy. The *Journal* published by Dr. Shoemaker, under its authority offers membership as a chromo. Just subscribe for the *Journal*, pay $5.00, and the certificate of membership is thrown in. So it announces.

WHAT WILL THEY DO ABOUT IT?

BY G. P. BISSELL, M. D.

I RECEIVED lately, the annual announcement of the College of Physicians and Surgeons of New York City, a respectable institution, and my alma mater. I particularly took notice to the high-toned exclusiveness of their position in saying that previous attendance on so-called irregular colleges—Homeopathic and Eclectic, would not be accredited as to time or qualification to students desiring to graduate thence. Now, as that is a corporate speculation of the stockholders of said institution, no one has right to challenge their freedom of action or exclusiveness of choice or rules. But on different grounds, namely, in the name of reason, one has right to ask why.

Probably they will not have hardihood to assert that they instruct their students more thoroughly in anatomy, physiology

chemistry, botany, materia medica, or obstetrics, than do the proscribed schools. Then there is left but the one branch, therapeutics, as ground for objection. Inasmuch as no one reason is rendered, one cannot judge whether they consider the remedies prescribed by the other schools as better or worse than those used by their own school. But from this act as representatives of the "regulars," we must conclude that it is because they consider them better; for they, the "regulars," are all the while stealing remedies from the proscribed schools, and using them in accordance with Eclectic and Homeopathic teaching, without having the grace to acknowledge the same. I say that this very theft indicates that the reason of proscription is that they know those therapeutic means are better than their own. And besides, they certainly must and do know that those schools are continually gaining ground among the most intelligent portion of the laity. Both these facts conspire to point in the one direction, that the real reason of proscription of other schools, is that they recognize that those other schools have a better system of therapeutics than their own.

But the therapeutic means used by these schools are making large inroads on the graduates of the "regular" school, as well as making friends among the laity. Well, what are they going to do about such secession? They can cancel a graduate's diploma only for two causes—Immoral conduct and unprofessional conduct, and such has to be proved. Will they so stultify themselves as to declare that the use of better remedies is unprofessional conduct? I opine not. Then what does their howl mean? —It really means just what it did in the church; that they had, as had the church, a corner on the thoughts, actions, and opinions of men, and that they see their hold relaxing. They see the intelligence of the country breaking from their grasp, and they utter a long-drawn howl. I have heard boys do the same at occurrence of some loss. If howling eases their feelings, by all means let them howl. It will not prevent the world moving any more than did the condemnation of Gallileo's teaching.

RADICAL CURE OF FISTULA IN ANO AND HEMORRHOIDS BY ELECTRICITY.

BY DR. W. S. SHOTWELL, GRAND RAPIDS, MICH.

DEAR EDITOR: I would call the attention of the profession to more rapid methods of curing fistula in ano and hemorrhoids, coupled with safety and their radical extermination.

Having devoted years to this branch of the healing art, many times with tedious and unsatisfactory results, employing the much talked of Brinkerhoff and other methods, I now challenge the world to compare results with the methods I now use in the cure of fistula in ano. Be there one or a dozen openings, I employ an electrolytic battery of about 12 ampere power with sufficient of the cautery element to subdue any hemorrhage that may perchance occur. My portable battery that I take to the patient's house is about six inches by ten long and ten inches high, with two cells, and built chiefly for quantity, charging it with trioxide of chromium and sulphuric acid. The method of procedure is this: The battery is first charged, and the patient's bowels thoroughly emptied by means of an astringent injection. I then place the patient on his side and with the Shotwell rectoscope or other suitable specula the inner opening is located, or if it be an external, incomplete fistula the side opening of the rectoscope is so turned that the possible opening is in view; the patient is of course under the influence of an anæsthetic. I then straighten out the fistulous track next nearest the anus with a stiff steel probe of sufficient length, having an eye near its introductory end; and if the sinus does not quite open into the bowel, perforate the intervening tissue till the eye of the probe is distinctly seen in the rectoscope. Leaving it there I next introduce a lance-pointed probe having also an eye near its end, about three-eighths of an inch further from the anus into the solid structure and parallel with the fistulous track till its eye is also seen penetrating the bowel in the opening of the rectoscope. The eyes of both probes are then threaded with the opposite ends of a No. 24 platinum wire about ten inches in length, and both probes are then with-

drawn leaving the wire *in situ* forming a loop. Both ends are now secured to an electrode, the electric current turned on, and the loop drawn through the partition, in its passage destroying the membrane which lines the fistulous track. No dressing is necessary as it is well known that no wound heals more kindly than those made by a battery. The bowels, however, must be kept locked up for at least a week—longer is better, when the patient gets up a well man, complete union taking place by first intention. The above method I have employed in many instances with complete success. Hœmorrhoids and prolapsus ani I employ a similar treatment in, no matter how large the protrusion or how long the patient has suffered, first bringing the growths of all outside the anus, and in one treatment of a few moments the work is done, and is always successful, followed by no hœmorrhage or unpleasant symptoms or pain. And should your many readers desire further information I shall be only too glad to give the same gratis to all who may apply by addressing me at Grand Rapids, Michigan.

SELECTIONS.

MERCURIUS DULCIS IN CARDIAC DROPSY, WITH SOME PERTINENT OBSERVATIONS, ETC., ETC.

THERE are several things to be learned in the following case, if the reader is not mentally blind, but there are physicians of both schools whose beliefs are so fossilized that they are like the typical Bourbons, who "never learn anything and never forget anything."

Several months ago I was called to a distant part of this city, to see a case of advanced cardiac dropsy. The attending physician was an honest, painstaking practitioner, but wedded to the middle and high potencies, and Schussler's inane theories.

He had given all the symptomatically indicated remedies, but the patient was fast nearing the "dark valley."

His history was as follows: He was a German, a lawyer, who for several years had mitral stenosis, with dilatation of the left ventricle, without sufficient compensation.

Winter coming on, a bronchial cough set in, and he was sent to Florida, to St. Augustine. The climate of the coast did not benefit him, for cold northeasters are common there.

The portal and hepatic circulation became sluggish, and a condition set in which the local physicians, with typical obtuseness, called "malaria," and saturated him with quinine, which of course made matters much worse, and finally they sent him home to die. He then put himself under the care of his former physicians until I was called in consultation. He now had general anasarca, the abdomen was enormously distended, and the pressure upward was so great as to cause terrible dyspnœa. Perhaps there was also pulmonary œdema and hydropericardium.

The lower extremities were filled almost to bursting. His cough was suffocating. He could not lie down a moment, nor move from a sitting position without a feeling of suffocation.

The jaundice was intense—bronze. No movement of the

bowels except from enema, and then clay-colored and hard. The urine did not exceed in quantity four ounces a day, and was thick, loaded with bile, and highly albuminous. The pulse slow and feeble, irregular, intermitting, and scarcely to be felt. The heart sounds feeble, and the mitral murmur heard over a large space. A more unpromising case I never saw, and I agreed with Dr. —— that the man had but a few days to live unless the kidneys could be aroused to action.

Here was a case where all the primarily indicated remedies had been tried according to their similarity and failed to benefit. I therefore suggested that a new departure be taken, and that medicines be selected from a physiological basis of empirical data.

Having seen good results from mercurius dulcis in cardiac dropsy, I suggested that it be given in doses of ten grains of the first decimal trituration, every two hours. The regular school has had excellent results from larger doses.

Now this may be looked upon as empirical, but I think it could be proven that the drug is capable of causing all the conditions above-mentioned by its secondary action. But it does not matter. It was a desperate case and needed heroic medication. The physician agreed to give it as directed, but I could see that he considered it as savoring of old school therapeutics, and very heretical.

However, after taking the medicine twenty-four hours, the bowels began to empty themselves, first of the collected masses of clay-colored material, then of a thin yellow and greenish liquid. Then the kidneys began to act, and the amount of urine rapidly increased, so that in a few days it reached the enormous (but necessary) amount of over a gallon in each twenty-four hours.

When I next saw the patient—about a week after my first visit—I was astonished and gratified by his appearance. The anasarca had nearly disappeared. He could lie down and sleep. The jaundice had faded. His appetite and digestion were good.

The mercurius was suspended, and I suggested that the condition of the heart be attended to. My prescription was, one tablet of euonymus one-tenth grain each, attended with one tablet of combined digitalis one-fifth grain, and strychnia one-one-hundredth grain, each every four hours.

I heard nothing more of the patient for several weeks, when he came to my office to pay his bill. I did not know him. He appeared in pretty fair health ; the mitral murmur was there, and probably always will be, but the digitalis and strychnia had contracted the thin heart, and compensation was progressing.

He was very grateful, and flattered me by saying that he believed I had saved his life. I said, "What does Dr. —— think about it?" "Oh! he answered, "he thinks so too, but he says you are not a strict homeopath—that you give too much medicine, and that you mix your medicines." This is the kind of liberality that I often meet in some members of our school, but such members are every year growing less in number.

But this illiberality did not end here. A certain teacher of materia medica, whose practice affiliated with Dr. ——, and who had been first consulted in the case and saw my prescription, had the execrable taste to allude to me in a lecture to the students of —— College as a "mongrel whom he could not call a homeopath." He considered me a heretic because I often used mixed medicines, appreciable doses, and unproven drugs. Yet this same physician is on record as giving a certificate recommending that "wonderful panacea," *Moxie's Nerve Food!*

This leads me to remark that the teachings of materia medica in most of our homeopathic colleges is sterile and a sham. It does not come up to the requirements of the nineteenth century advancement in the science and art of medicine. They read off a list of so-called "key-note symptoms" and play with "cards of characteristics," leaving the students to go out utterly ignorant of the essential nature of the drug, its toxic or physiological action, its physical qualities, and its uses in regular practice. In a few years all these students, by study of these drugs from other sources, begin to find out something of their general uses. Not one in one hundred practice as they are taught in our colleges. The few who do so travel in a narrow rut, "learning nothing and forgetting nothing."

I do not hesitate to assert that such a method of teaching materia medica and therapeutics is a travesty and an insult to the intelligence of a student of the present decade.

If the teachers suppose that the graduates of these colleges will practice according to such teachings they are sadly mistaken. Some of these may for a year or two, but when they come into conflict with educated physicians of other schools, they are compelled to enlarge the scope of their practice and adopt the latest discoveries in therapeutics or go to the wall. They soon find that the "matching" of the patient's symptoms with those of drugs is a wearisome and thankless task. The cause lies in this: That not one-tenth of the symptoms in the pathogenesis of any drug is reliable. Then suppose they match the symptoms of the drug with the disease, the pathological indications for the drug must match those of the malady. If this really occurs then they make brilliant cures. But how often does all this happen?

They soon find that there are mechanical therapeutic methods which must be adopted. When the intestines are like a clogged sewer, festering with ferments, and a manufactory of ptomaines, the bowels must be unloaded, and that the third or the thirtieth of a drug ever so homeopathic will not do it.

The law of *similia* is the chief, if not the only, therapeutic law, when no mechanical or chemical impediment bars the way. It is wider and broader even than the ultra-Hahnemannian's claim, for it includes the dual action of drugs. But medicines often cure by virtue of their physiological and chemical effects. There is not the slightest doubt of this, and those who dispute it are as blind as those who disputed the movements of the earth. It is a fact that nearly every intelligent and practical physician soon marks out for himself a method of therapeutics, which differs widely from that which he was taught in college, or from that of any other physicians.

The records of our pharmacies tell singular tales. Lately out of curiosity I inquired of many pharmacies, located in this and other cities, how many of their customers ordered only the middle and high attenuations. The answer was, "Not one in a hundred!" I then asked them to give me a list of the double remedies in use. I was surprised. The following list is not a full one, but is very suggestive:—

Arsenic with iron—carbo-veg. with nux.

Arsenic with strychnia.
Arsenic with quinine—carbo-veg. with pepsin.
Arsenic with china—merc. with ipecac.
Digitalis with iron—merc. with iod. pot.
Digitalis with strychnia—*strophanthus with digitalis.*
Sulphur with nux.—merc. with morphine.
Nux. with podophyllin—nux. with bismuth.
Ipecac with codeine—codeine with ipecac.
Ipecac with conium—morphine with epecac.
Santonin with calomel—morphine with atropia.
Merc. iod. with kali iod.—digitalis with glonoin.

At the last meeting of the American Institute, our pharmacies had on exhibition all and more of these compounds. Only one member was shocked, and he, the editor of the *Retrograde*, has not yet recovered. To these were added several *triple* remedies and a great number of miscellaneous compounds of cod-liver oil, bark and iron, hypophosphites and phosphates, sugar-coated pills, etc, etc.

"Why do you keep these heretical drugs?" I asked. They answered, "Because they were ordered." "Who ordered them?" "The graduates of homeopathic colleges," was the answer. They declared that not a single, double, or triple drug originated in the pharmacies. What a comment on the teachings of the teachers of materia medica and therapeutics.

If anyone will examine the advertising pages of our journals, from the most liberal to the most illiberal, he will find "food for thought." An unsophisticated homeopath would naturally suppose that these advertising pages would be occupied only with advertisements of pure homeopathic preparations, in which only *one* ingredient had place. On the contrary, we find the same advertisements which we find in so-called allopathic journals. I have often thought that the bodies of Hahnemann, Bœninghausen and others of the old worthies would turn in their graves could they read these advertisements!

I have examined the advertisements in all our journals, even those in the *Visitor and Advance*, those ultra-Hahnemannian exponents. Their advertising pages are hardly less "pure" than the "heretical *Times*."

I find advertisements from all the noted drug manufactories, price lists of pills of the most powerful and complicated ingredients, officinal compound "elixirs" and "cordials," etc., etc. Besides, the list of proprietary medicines is appalling. Their Smith's, Jones' and Brown's compound elixirs of quinine, bark, iron, phosphates, hydrophosphates, bromo and phospho-caffeines, tablets of bismuth, nux., ipecac and pepsin, etc., the various coca tonics, lithiates of potash and hydrangea, all the powerful mineral waters, compounds with such outlandish names as Caulocorea viburnum compounds, disvibumin (this in the immaculate *Visitor*), listerine and palpebrin of mysterious ingredients, antifibricin and all the antipyretics, the ridiculous compounds of beef, iron, bismuth, etc., bromidia, papine, svapnia, and other abominable anodyne mixtures *ad nauseam*.

Now why do manufacturers advertise these drugs and nostrums in homeopathic journals?—Not for charity certainly. Not to pay the expenses of the journals, but for the reasons that it creates a demand for the drugs? Who buys these drugs? Who prescribes them?—Homeopathic physicians! Why do they do this when the "similimum," the "single remedy," and the "minimum dose" will cure all the ills that flesh is heir to?—The fact is, they are like a bluff old Western homeopath, who said in a meeting of the State society: "I do not propose to let my patients die for want of medicines. If the 200th of China don't cure them I give quinine in grain doses."

Our pharmacies, at least most of them, keep on hand as many of the above drugs as they can find room for. Said a prominent pharmacist to me, "I often have orders for ferrum phos. 6th, and iodide of iron pills one grain each, syrup of phosphate of iron, nux vom. 30th and granules of strychnia one-sixtieth grain, belladonna 200th and suppositories of ext. of belladonna one grain, and so on through the whole list." Physicians, if they have common sense, soon find out that the "minimum dose" means the dose that cures or relieves the patient; and that the "single remedy" is in nearly all cases an unattained ideal. They find out, too, that the supposed antidotal effects of our remedies is a baseless theory, which should be banished to the

limbo of obsolete nations along with the imaginary "medicinal aggravations" of minute doses.

There are some other pertinent facts which show that there is a forward movement in the so-called homeopathic school. In 1850, when I purchased my first outfit of medicines, it was very difficult to procure anything but dilutions and triturations. The third was generally bought, and we run up our dilutions from that. Still earlier, only pellets of the attenuations were found at pharmacies, and I have seen pellets of the highest potencies which were imported from Germany. Now a very large majority of physicians purchase the mother tinctures.

Ten years ago the *pellet* began to lose its prestige. It never should have been used. It has been the greatest stumbling-block in the path of homeopathy, unless we except the high attenuations of medicines. My experiments with colored alcohol convinced me that the pellet rarely became saturated, generally the outside was merely coated with the dilutions; in fact, the medicated pellet was not much better than the "infected." Then came the sugar tablet, which was some better, and afterwards the porous disc, or cone, which absorbs nearly two minims of fluid and gives us a definite basis for a calculation of dose.

The late introduction of the tablet triturate is the greatest advance made in our pharmacology. Not only are originally dry medicines used, but there are tablets of the tincture, ranging all the way from two minims of the mother tincture to the 6th dilution. Each tablet weighs two grains, and we know exactly how much medicine we are giving—whether one-tenth grain or the one-ten-thousandth of a grain.

The sugar-coated granule, although originating in the regular school, is, and ought to be, adopted in ours. There are medicines that even in the third triturations are repulsive to the taste and smell, namely, zinc valerinate, asofœtida, zinc phosphide, hepar sulphur, etc. These are now made so small that each one contains only one-hundredth of a grain.

All the improvements in our pharmaceutical methods tends to increase the spread and advance of homeopathy. When our pharmacological preparations have in them the elements of the

tangible we disarm the criticism of scientific men. The day has gone by when a belief in the dynamic influence of drugs can exist coincident with scientific knowledge. There has never been any trustworthy proof of such power.

The clinical records obtained by the administration of high potencies, or "provings" with them, can all be dismissed as unreliable. I once believed to the contrary, but a knowledge of the power of suggestion, and the spontaneous cures which so often occur, have led me to abandon such belief.

Now, in view of the facts above stated relating to the changes which have occurred in the actual practice of the great majority of the homeopathic school, have we not the right to ask whether or no the teaching of materia medica and therapeutics is a failure?

If it is true that nine-tenths of the graduates of the homeopathic colleges in the United States change or modify the methods which they have been taught, then the teaching has been a failure.

If it is true that graduates have to go to books not in our list of text-books, to get their knowledge of adjuvants, palliatives, laxative tonics, etc., then the teaching has been a failure.

The graduate ought not to go out from his alma mater half equipped for the practice of the healing art. If he does this, then his diploma is an empty honor, and the money he paid for it has been obtained by false pretenses.

I do not say that every teacher of materia medica and therapeutics in our colleges fails to teach the graduates how to practice medicine. There are some honorable exceptions, but I will not mention them, but I will say that none of them have the right to stigmatize nine-tenths of our school as "mongrel" because they do not practice as Hahnemann did fifty years ago.—*E. M. Hale, M. D., in New York Medical Times.*

NAPHTHOL IN ENTERIC FEVER.

FROM a careful clinical study of the use of β-naphthol in typhoid fever, Dr. J. Mitchell Clarke, of London, draws the following conclusions:—

1. That the production of intestinal antisepis is a rational mode of treatment of enteric fever, and that β-naphthol is a safe and tolerably efficient agent for this end.

2. That by its use in the above cases the duration of the disease was shortened, and the intensity of the symptoms directly arising from profound disturbance in the alimentary canal was lessened.

3. That the tendency to the occurrence of splenic enlargement, albuminuria, and of secondary complications, such as boils, abcesses, etc., of purulent infective origin, is diminished.

4. That complete convalescence is more speedily and satisfactorily attained; and that there is less risk of a propagation of the disease to others.

Finally, we must bear in mind that in some patients naphthol may excite so much gastric disturbance as to prevent its use.

β-naphthol was administered suspended in milk, and a small quantity of pure milk was taken after the dose. The doses must be administered frequently, in order to keep up a constant effect, and small doses have also the advantage of not giving rise to the pungent after-taste in the throat that naphthol is apt to produce. To adults it may be administered in gelatine capsules, or the following formula, which seems the most satisfactory after several trials, may be made use of:—

℞ β-naphthol, gr. xx.
Tr. auranti, ʒ ij.
Syr. limonis, ℥ ss.
Mucilaginis tragacanthi, ʒiij.
Aquam, ad ℥ vj.

Dose, ℥j.

Taste, however, is practically abolished in most cases of enteric fever, and the patients to whom it was given in milk made no complaint on this score.

Out of seven cases, four—of whom two were boys of twelve years—took the drug in doses of three and a quarter grains every two hours during the whole course of the disease, until the temperature remained normal for five or six days; one boy, aged ten, took gr. iss instead of gr. iij doses.

Whilst giving napthol it is also advisable to control the pyrexia that necessarily occurs in the course of enteric fever, and so prevent the damaging effects on the tissues and organs of the body of a long-continued high temperature; we should, therefore, together with naphthol, administer an antipyretic, preferably, perhaps, antifebrin or phenacetin, whenever the temperature rises beyond a certain height, say 102° Fahr.—*The Practitioner, December, 1887.*

THE TREATMENT OF GASTRIC INDIGESTION.

IT would be difficult to find any subject in medicine which is more hackneyed than the one on which I now write, but it has seemed to me that some comparatively recent investigations into the physiology of digestion bear so closely upon this important subject, and are so generally ignored by the practitioner, that what I have to say may not seem trite.

Very commonly in the treatment of gastric dyspepsia proper, pepsin is given in such absurdly small doses as to be almost useless, and yet the prescription as it is taken is intended to aid the true gastric juice, which is not thought strong enough to be capable of performing its functions aright. This is not by any means the result attained in the majority of cases for the following reasons—indeed, the direct digestive action of the dose administered probably brings about the smallest part of the good achieved.

It is a mistaken idea to believe that pepsin and hydrochloric acid are simultaneously secreted and utterly independent bodies, or, in other words, that the pepsin may be formed even if the glands fail to form the acid. We know, from the experiments of Heidenhein, and of Langley, as well as many others, that pepsin as such is not secreted by the glands ready formed, but that these tubules secrete a so-called "mother substance" called pepsinogen, which is *absolutely impotent* until it is changed *into pepsin* by the *presence of hydrochloric acid* or *sodium chloride.* Consequently we learn that the two digestive elements are very closely associated, and that *no acid means no pepsin.* In normal life

this acid is derived by the splitting up of the chlorides in the blood supplying the glands by the lactic acid which is present almost constantly in the stomach, owing to decomposition of carbohydrates. This assertion made by Maly is also confirmed to some extent by Jul. Thomsen, who has shown that very weak acids may displace stronger ones from their bases, and even appropriate the greater part of the base. This is doubtless the reason why common salt is so useful a condiment, since it is broken up in the stomach, thus setting free hydrochloric acid, besides keeping up the alkalinity of the juices of the body, which is so necessary to health and the future secretion of gastric juice. It also explains, in a very ingenious manner, the well-known fact that salt added to a glass of milk increases its digestibility to a great degree. Further than this the usefulness of salt in small amount taken before meals does not depend, as has been thought, upon an endeavor on the part of the stomach to neutralize the alkali present in a normally acid medium, whereby an excess of gastric juice is secreted, but upon the reasons given above. We find, therefore, that in cases where there is reason to believe that gastric digestion is imperfect, common salt should be used in increased amount in the food so that the quantity of hydrochloric acid may be increased. If, however, there is reason to believe that lactic acid is present in too small a quantity to split up this salt, then hydrochloric acid must itself be used, and where it is employed given freely in order not only to act thoroughly itself, but also to perform an equally important function, namely, the conversion of pepsinogen into the active body pepsin. In other words, deficiency of pepsin in the juice is to be corrected, not by a prescription containing much pepsin and little acid, but rather the reverse, for the pepsin in the prescription is after all an extraneous product, while the pepsin brought into being by the acid is a normal secretion. Of course the quantity of pepsin must depend on a normal formation of pepsinogen, but it should not be forgotten on the other hand that as pepsin acts by catalysis, and is a most powerful ferment, only very small quantities of it are absolutely necessary, while large amounts of hydrochloric acid, comparatively speaking, are essential.

In an article recently published in the *Revue Médicale de la Suisse Romande,** Bourget has enunciated some thoughts which are so completely in accord with the views here expressed as to be worthy of quotation. He believes, as does the writer, that the hydrochloric acid is generally the secretion which is lacking in amount, and recommends its free employment as the most important part of the treatment of gastric indigestion. He does not seem to do this because he believes it to increase the pepsin, but only because he thinks the acid secretion is more apt to be deranged than is that of the ferment. According to my own practical experience and the much more reliable information gained by experimental research, it is to be concluded, therefore, that pepsin is to occupy the least prominent position in a prescription for gastric disturbance, and that the acid is to be freely used. Indeed, I am so surely convinced of the importance of the acid in its double sphere that I fear I am sometimes inclined to give almost no pepsin at all.—*H. A. Hare, M. D., in University Medical Magazine.*

ARSENITE OF COPPER AS A REMEDIAL AGENT.

DURING the month of September last a brief note appeared in one of the Philadelphia medical journals which was intended as an epitome of my experience with the use of arsenite of copper in the treatment of bowel affections, but more especially in cholera morbus. In recounting the results of my observations, I referred incidentally to the fact that the remedy had been called to my attention by Dr. Boardman Reed, of Atlantic City, N. J., well known to the readers of this journal, who candidly admitted its superiority for the relief of cholera morbus and allied affections. An extract from the publication will serve to indicate my earlier observations, and what I have to say at present will be confirmatory of that report, together with a record of some illustrative cases, showing more fully its therapeutic value. The following is the extract: "It [arsenite of copper] was used in probably twenty cases of bowel-troubles, in patients ranging

*Des Alterations chimiques du suc gastrique.

from one year to sixty or more, and varying from simple colicky pains to diarrhœa and vomiting of several days' duration, and one case of acute dysentery accompanied by profuse bloody discharges from the bowels, and in every instance the treatment proved eminently successful; not a single failure occurred, and, as a rule, the pain and tenesmus subsided after the first hour, or after the taking of the first five doses" (*Medical Register, September 8, 1888, page 230*).

In the following summary my remarks will be confined to such cases of bowel affections as are most frequently seen by the physician during the summer season and to cases of typhoid fever.

It will be appropriate, however, to say a word regarding the composition of the remedy, which will be useful to those who feel disposed to investigate the subject for themselves. This information should include the method of preparing the drug, as well as some reference to its pharmacology.

Arsenite of copper is known in commerce as Scheele's green, and is a fine, green powder, composed of arsenious acid and oxide of copper, one part of the former to two of the latter. It is soluble in ammonia and nitric acid, and yields crystals of arsenious acid by sublimation. Cupric arsenite differs from cupric aceto-arsenite, which is variously known as Paris green, Schweinfurt or Brunsick green, Vienna or emerald green, the pigment used for staining wall-paper, dress goods, artificial flowers, and other classes of millinery. Paris green is recognized as an active poison, and is frequently used by farmers in the rural districts for the destruction of potato-bugs and other insects. Its well-known activity has led to its use by sufferers from melancholia for the purpose of terminating life, while its use as a pigment has frequently been followed by cases of arsenical poisoning which were often difficult to understand. Paris green contains a much larger proportion of arsenic than Scheele's green, which accounts for the active toxic symptoms, while the presence of acetic acid probably assists materially to increase its diffusibility when taken into the system or applied externally.

Cupric aceto-arsenite contains six parts of arsenious acid, two parts oxide of copper, and one part of acetic acid, and may be

identified by the usual chemical processes, and when heated in a test-tube, gives off fumes of acetic acid, crystals of arsenious acid being deposited, the residue left being the oxide of copper.

For medicinal use, the arsenite of copper is prepared as follows: To one part of arsenite of copper in fine powder, a sufficient quantity of sugar of milk is added, and trituration begun; additions are made of sugar of milk, trituration being continued, and sugar of milk added sufficient to make the quantity up to one hundred parts. One grain of this triturate, therefore, contains one-one-hundredth grain of cupric arsenite, and for all practical purposes this method of preparation is sufficient, as a single grain will readily dissolve in water, and the division into small doses is thus more conveniently secured. When desired, this form of powder may be prepared in the form of tablets, containing one-grain each, by which each tablet is made to contain definitely one one-hundredth grain. Particular attention is here given to the method of preparation, for the reason that my observations have been confined to the use of arsenite of copper clinically in quantities not exceeding one-one-hundredth grain, and, when prepared in the form of tablets, its administration is extremely simple. A single tablet containing this amount should be dissolved in from four to six ounces of water, the dose of the solution being a teaspoonful. The quantity thus prepared will be sufficient for from thirty to fifty doses. Of this solution the patient is directed to take one teaspoonful every ten minutes for an hour, after which the remedy should be repeated at less frequent intervals; as a rule, however, these intervals do not exceed one hour, and the medicine is continued regularly while the patient remains awake.

By a simple mathematical calculation it will be found that the exact quantity taken at each period approaches the infinitesimal, and some of my friends have been disposed to look upon the matter with incredulity. References in the medical journals to my report, shortly after its publication, indicated that it was looked upon more as a curosity in medical literature than an addition to our therapeutic resources. A medical friend, more sceptical than the rest, was induced to accept a small sample of

this powder, to be used probably in the first emergency, when nothing else was at hand, or when the patient was suffering agonizing torture, while waiting the delay of the druggist. It so happened that, within a week or ten days, he was summoned to attend one of his patients who had been subject to frequent, but somewhat irregular attacks of intestinal colic, which on previous occasions, had given him no end of trouble. All remedies had been tried, but with varying degrees of success, and at times these attacks were so serious that the patient was laid up for several days, when hypodermic medication afforded the only means of relief. On the occasion referred to, the symptoms pointed to a severe and prolonged attack, and in a moment the idea flashed upon him that this case would furnish a crucial test of the therapeutic value of the remedy. Without any hopes of witnessing good results from its use, the solution was prepared as above directed, and the patient instructed to take teaspoonful doses at intervals of ten minutes, while the doctor in the mean time sat down to consider the propriety of following up the old methods. His surprise may be imagined, when, after taking the second dose, the patient expressed himself as feeling somewhat relieved, and at the expiration of twenty minutes, or after the third dose had been swallowed, the pain and all distressing symptoms had so far subsided that further medication seemed unnecessary, although the medicine was continued until near the end of the first hour.

The pharmacology of cupric arsenite will be written hereafter; our present knowledge of its physiological action must be largely hypothetical. That it partakes of the alternative character of arsenic, and like that remedy, when used in small doses, presents the characteristic features of a sedative to mucous tissues, will be apparent from its value in gastro-intestinal derangements. Whether arsenic alone would be sufficient to overcome acute affections like cholera morbus is a question which would probably be answered in the negative, but when combined with the oxide of copper in the proportions given above, we are warranted in assuming that the combination possesses astringent as well as sedative properties.

Clinical observation confirms this theory, and experience has

abundantly shown its efficiency when administered in small doses in nearly all classes of acute intestinal affections.

The claim will be put forward that the dose is too small to produce any marked effect. By some the gratifying results which follow its use will be said to be due to its selective action, by others it will be pointed out as a clear case of special affinity, but it is doubtful if either explanation does more than serve as a cloak for ignorance; and the minuteness of the dose prevents our accepting it as a case illustrating the substitutive action of a remedy. Evidently it illustrates a factor in the treatment of disease which is too frequently everlooked,—viz., that the effect upon the economy of the exhibition of drugs is of a twofold nature; in other words, that it is a resultant dependent upon the presence of disease and the exhibition of the drug. If the disease were absent, the drug would not produce any appreciable effect, but with the disease the medicine produces an effect in accord with its power over the nervous system. An illustration may be of value in clearing up this somewhat complicated problem, and we may select for the purpose the case of peritonitis. The late Dr. Alonzo Clark, by the exhibition of massive doses of opium, showed the remarkable tolerance of the system for that particular drug. A patient suffering from peritonitis was permitted to take sufficient opium in the course of twenty-four hours to kill half a dozen men, and apparently no bad results attended upon its use. The modern use of salines in like conditions depends upon a different principle, but the use of atropine in combination with morphine previous to the inhalation of chloroform or ether, is similar to the use of opium in peritonitis. The timely administration of atropine and morphine will prevent shock, but it is doubtful if the early administration of opium would prevent peritonitis, although it was at one time believed that it exercised a favorable influence upon the progress of the disease. Now these influences, whatever they may be, must be effected through the nervous system, and it is not beyond the range of possibilites that in such manner the arsenite of copper may produce its effect in the treatment of inflammatory affections of the alimentary tract.

The season of the year is approaching when we shall be called

upon to meet such cases as are benefited by the remedy under consideration, and I desire to afford my brethren in the field an opportunity of introducing it into their practice; those who are unable to procure the remedy in the form of powder or tablets, will be cheerfully supplied with samples without expense until such time as the preparation can be placed upon the market, if there is a demand for it.

Clinical Applications.—Before me I have a list of a dozen or more cases that have occurred in practice within the past month, which I should feel warranted in classing as typical instances to be found in general practice. An account in detail would be tedious, and, besides, is unnecessary; so it will be sufficient to pass them in review, pointing out some of the most common symptoms presenting.

Elsie is a little girl of four summers, and has not been eating very regularly for a week or so, but only within a few days has there been any trouble with the bowels. The stools are frequent, yellowish, and slimy, and with each movement there is considerable pain; the tongue is coated, skin sallow, and the whole appearance indicates a condition, which may be expressed in one word,—weariness,—but she does not show any tendency to sleep. The probabilities are strong that we have to deal with a malarial element, but attention is first directed to the condition of the bowels by the administration of arsenite of copper. The child is better the next day; in fact, the mother says she was lively after an hour or two, and has been quite bright, and offers to play with the other children. Antiperiodic treatment followed, and resulted in complete recovery.

Mr. T. is a man over fifty, a farmer, and has been suffering from diarrhœa for several days. All the domestic remedies have been tried in vain, but the use of arsenite of copper, one tablet during the evening of the call and another the next morning, was all that was required to correct the difficulty, although he said he was quite well the next morning after taking the medicine for the evening previous.

John H. is a hard-working young man, a grave-digger, and for some days now he has been very much depressed; there is a

loss of appetite, abdominal pain, weakness, and sleeplessness, and a slight rise in temperature, with the pulse 120; the stools are watery, offensive, and have been as frequent as ten in the day. Everything points to typhoid fever, but, as the arsenite of copper is a useful remedy in that disease, he is placed upon that, and is given a supply sufficient to last two days, at which time he is to return unless he is much better. He visited the office about mid-day, and went immediately home and began taking the medicine, and was able to go to work on the following morning, although still weak from the effects of the diarrhœa.

Henry is a boy about nine years of age, who has been under domestic treatment for the past few days for looseness of the bowels. He has great pain, frequent movements from the bowels, is languid, no appetite, but great thirst, and complains all the time of headache. Has had nose-bleed the afternoon of the day the mother called, and she is greatly exercised for fear that the boy is taking typhoid fever. The vomited material is of a grayish, slimy appearance, and he has slept but little for several nights. For that evening this patient was to take one tablet of the arsenite of copper between eight o'clock and bedtime, and in the morning he was to take the remedy again in the same way. The understanding was that, should the boy's condition not appear to be improved, I was to be advised; but no tidings were received until the next day, when the mother called, and said Henry was all right when he awoke the morning after taking the medicine. The real cause of this attack I have not been able to determine, as an older child had a similar trouble several months ago, but was relieved in the same manner as this one, except that recovery was less prompt. He was confined to the house for several days, but had been laid up for some time when I first saw him.

The value of arsenite of copper in the treatment of typhoid fever should not be overlooked, although I do not advance it because of its germicidal or antiseptic properties, but on account of its great value in the treatment of non-specific bowel-troubles which are so common at all seasons of the year. In the early history of this disease it is often extremely difficult to determine the real character, so frequently is its oncoming masked by complica-

tions. The patient will sometimes complain of supra-orbital neuralgia and nothing more; another time it will be apparently a clear case of malarial cachexia; and, again, it will be simple nervousness of which the patient complains; but whenever there is the least indication of derangement of the bowels, or if there is an elevation of temperature, along with acceleration of the pulse, and other symptoms confirm the suspicion, I always take the precaution to administer the arsenite of copper, confine the patient to bed, upon a restricted or a milk diet. Following up this plan for a year, I have seen the best results, and think it is not beyond the bounds of truth when I say that many cases which ordinarily would have advanced to typhoid fever, in the course of a few days, had taken a decided change for the better, and the danger has been averted. The symptoms of this malady are so well known that it would be a waste of time to enumerate them, and it will be sufficient to say that some of these suspected cases have continued for as long as a week before the disappearance of the elevated temperature in the evening. That they were of malarial origin may be suspected, but in a number of instances this matter was taken into consideration, and decided in the negative, because lately they have all been subdued by the use of arsenite of copper alone, except where there was great prostration, owing to the delay in consulting the physician, when nux vomica in small doses was added to the treatment.

The method of administration in typhoid consists in the use of a single tablet containing one-one-hundredth of a grain daily, the medicine to be distributed throughout the day by solution in water. In cases as ordinarily seen, its addition to other treatment is always attended with the best results; the temperature shows a favorable change, the pulse is less frequent, there is an improvement in the abdominal pain and in the frequency of the stools, and vomiting is controlled better than by the use of almost any other remedy. When this drug is employed, it has always seemed to me that the need for other remedies was largely superseded by it, the treatment of the disease being for the most part symptomatical, and it is with no little satisfaction that I offer it to the medical profession as an adjuvant to our therapeutics in this affection.—*John Aulde, M. D., in Therapeutic Gazette.*

A NEW TREATMENT OF THE TRANSVERSE FRACTURE OF THE PATELLA.

AT the meeting of the Clinical Society of London, held May 24, 1889, Mr. Mayo Robson related a case of transverse fracture, which he treated by a new method to secure bony union without opening the joint (*Lancet*, June 1, 1889). The bone was broken just below the middle, as the indirect effect of a fall. He pointed out how unsatisfactory were the results obtained by the methods usually resorted to, and added that although he had never met with an accident in wiring the fragments, yet it was impossible to shut one's eyes to the fact that the patient was exposed to a great risk. He had, therefore, applied himself to the discovery of a method whereby the advantages of bony union might be secured without incurring the risk of opening the joint. In this case the skin over and around the joint was cleansed and rendered aseptic, and the joint was then aspirated. He then obtained two long steel pins with glass heads, such as ladies use for fastening the bonnet, and having thoroughly purified them, he drew the skin well up over the upper fragment, and introduced the needle transversely through the skin and muscle just above the level of the upper fragment, repeating the operation with the other needle at the upper end of the ligamentum patellæ. Gentle traction on the pins then easily brought the fragments into apposition. The ends of the pins were then clipped off, leaving about half an inch on either side, and the whole covered with antiseptic gauze. This dressing was left undisturbed for three weeks, and when it was removed there was no redness or other sign of irritation having been caused. The temperature was never above normal, and the patient felt very comfortable all the time. The fragments seemed well united, and the needles were, therefore, withdrawn, a plaster of Paris splint applied, and the patient allowed to go home. We pointed out that the only precaution necessary was to draw up the skin over the upper fragment, in order to avoid undue traction upon it when the fragments were approximated. The integuments should be rendered

aseptic as well as the pins, and the latter should be stout enough not to bend when drawn upon. If there was much effusion, it would be desirable to aspirate. As union occurred without the throwing out of any amount of provisional callus, it was always well to insist upon the use of a Thomas's splint for some time after. The advantages of the operation were its simplicity, the absence of risk, and the obtaining bony union. He said that this was the second case of the kind upon which he had operated, and more recently he had performed the same operation in the case of fracture of the olecranon, but it was as yet too early to say anything as to the result.

Mr. Heath had examined the case, and thought the union was bony; if it were fibrous union, the distance between the fragments was so short that bony matter would soon develop between them.

Mr. Godlee thought the procedure a very simple one. He asked how the torn fibrous expansion of the quadriceps aponeurosis was prevented from becoming tucked between the ends of the broken bone.

Mr. Symonds asked whether in the first case operated on, good bony union had been obtained. It would be interesting to know what would be the condition of the joint three months later. Mr. Lund had passed pins through the bone itself, but he found this difficult to do when the fracture was near the lower end of the bone.

Mr. R. W. Parker wondered whether there was any real advantage in getting bony union. He related the history of a case where a patient, rather than to submit the tedious waiting necessary to secure bony union of a second fractured patella, refused to come into hospital, and was treated as an out-patient; a widely separated fibrous union resulted, with which the patient was quite contented, being able to walk easily and to earn her living.

Mr. Warrington Haward doubted if the union were bony; but, even if not, it was certainly very firm and useful. A medical friend of his sustained a fracture of the patella, and ligamentous union resulted, there being three-quarters of an inch separation;

but, notwithstanding this, absolutely no inconvenience followed, and the limb was thoroughly serviceable in every way.

Mr. Heath said that it was a great thing to avoid tampering with the joint. Few medical men had such confidence in antiseptics as to have their own knee-joints opened and the fragments wired. His own treatment was to aspirate the joint and to put the limb up in plaster of Paris.

Mr. Robson, in reply, said that one great advantage of the method was that it was practically unattended with danger. In both cases he aspirated the joint, passed a needle between the fragments, and lifted up any aponeurosis that might be in the way. He had met with a case in a sailor with a fibrous union, who was unable to do his work, though he was quite restored after the fragments had been wired. In the first case he had operated on, the splint had been removed too early, and the result was that the union had given way, and there was little separation between the fragments.—*Therapeutic Gazette.*

TREATMENT OF GANGLIONS.

GANGLION is the name given to an enlarged bursa which is developed in connection with one of the tendons, being most common on the back of the hand, or on the extensor tendons of the thumb. It forms a little hard swelling on the back of the joint, and often causes a degree of weakness of the hand which seems out of all proportion with the seeming triviality of the affection.

In olden times the treatment of ganglionic swellings was to give it a smart blow with a book or other body. We adopt in great preference to this coarse and old-fashioned treatment which was not only less certain and more painful but unnecessarily rough and unsurgical, the following which rarely fails to obtain an early, if not an immediate, cure. Its object is to evacuate the *entire* contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation, but on the delicacy of its performance its success materially depends.

Bending the hand forward, in order to tighten the skin over the cyst we would pass vertically into the center of the tumor a broad shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop,—to effect which the sac must be compressed and kneaded in every direction. We therefore then apply a well-made, thick compress of lint, and strap it down tightly with good plaster, and lastly apply a roller. In forty-eight hours the wound is healed, and the ganglion is seen no more. We are led to allude to this subject, by the fact that during the last six months we have seen a dozen or more of these little bodies—more than we have before seen in as many years.—*Massachusetts Medical Journal.*

GRAFTS OF FROG'S SKIN IN CHRONIC ULCERS.

In the *Rüsskaia Meditzïna*, Nos. 41, 42, and 43, 1888, p. 649, Dr. Fedosy Nesterovsky, of Bratzlav, speaks favorably of frog'-skin grafting, a method which was first proposed by Dr. Allen in 1884, and subsequently practiced successfully by Drs. O. V. Petersen, of St. Petersburg, Perez, Baratoux, Dubousquet-Laborderie, etc. Dr. Nesterovsky relates four cases of old-standing, intractable, extensive, and deep ulcers of the leg, foot, and thigh, where, after all ordinary means had failed, the transplantation of grafts of frog's skin was invariably followed by a permanent healing in from nine to fourteen days. Dr. Nesterovsky takes an ordinary water frog, and keeps the lower portions of its body immersed in a sublimate solution (1 to 1000) for five minutes; then he pinches up a piece of skin on the abdomen with forceps, and cuts out as many grafts as are required, each the size of a finger-nail. Having washed the pieces, as well as the ulcer, with a four per cent. solution of boracic acid, he carefully places the grafts on the granulating surface, and covers the part with a layer of boracic gauze and a piece of tow, fixing the whole with wax-cloth and a starched gauze roller. The dressing is changed, and the

ulcer washed first on the third or fifth day. The writer summarizes his experience as follows: 1. In all cases of extensive and badly cicatrizing ulcers, skin-grafting is indicated. 2. Skin which is quite free from glands and hair is most suitable for the purpose. 3. The frog's skin completely satisfies those conditions. 4. The method is simple, safe, easily used everywhere, cheap and most effective. This method of grafting has, we believe, been tried with success by Mr. Stanley Boyd, of Charing Cross Hospital.—*British Medical Journal, June 1, 1889.*

COMPARATIVE ANATOMY.

THE INDIAN'S GRAVE.

"This is the place," said the maiden of grace,
And she dropped a silent tear;
"This is the grave of the Indian brave,
Two centuries buried here."

O woman, e'er true and tender are you,
But we never your sweetness revere
As when over the grave of the slumbering brave
You drop the silent tear!

"But how did he die?" I asked with moist eye,
"Oh, what was the brave man's fate?"
"Of his heart's love he died, and his high hero's pride,
And of his own tribe's hate.

"His people had planned, in a savage band,
To plunder our village one morning;
But he loved a white child, did this red man wild,
And he stole off to give her a warning.

"But they saw him go, that watchful foe!
They followed and slew him here;
And he lies alone 'neath this rough stone."
And she dropped a silent tear.

That night I scarce slept, for I bitterly wept
As I thought of that loving man red,
And the wish came to me some relic to see
Of the hero so gloriously dead.

Next morn all alone I sought out that stone,
And dug through the wet soil far down,
But all that I saw was a long, narrow jaw,
By centuries stained a dull brown.

Like Hamlet of yore, I pondered it o'er—
"An orator's jaw beyond doubt!
What eloquence rare must have quivered in air
As the council sat round him about!"

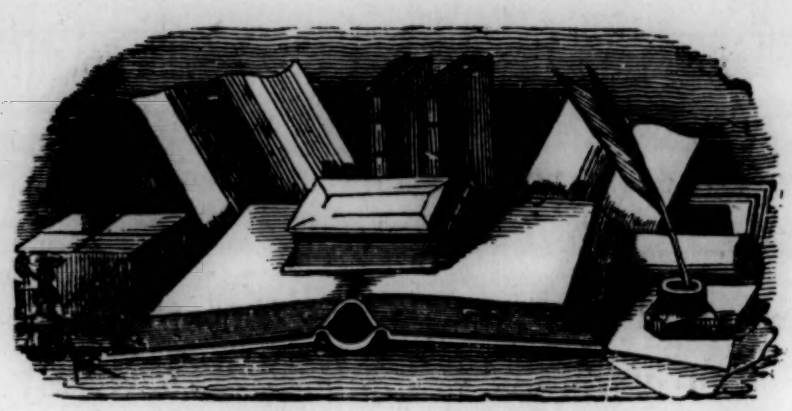
But the sound struck my ear of steps drawing near,
And I saw the old farmer's gray head.
"What look you at there with that abstracted air?"
"'Tis the jaw of a red man," I said.

Loud laughed the old sage till I in a rage:
"Beg pardon. I don't see your joke."
Quoth he, "'Twas a sheep I buried here deep,—
His shoulder old Jones's dog broke."

* * * * * * * *

On many a night, when the fire shines bright,
And the snow and the rain drive drear,
I think of the grave of that Indian brave,
The maid and her silent tear.

W. H. Lyon, in The Jabberwock.



EDITORIAL.

An Apology to Contributors.—Proof-reading is a calling demanding years of study and practice in order that the official may be able to perform his functions acceptably in every instance, even if the ideas of an author always be clearly outlined by his chirography.

But as many technicalities not common to other branches of literature figure in medical publications, a proof-reader must possess the especial advantage of a training in this direction before he can render satisfaction as a proof-reader for a medical Journal.

Numerous errors occur in our pages, though possibly we compare fairly well in quality of work with the average medical periodical, and we believe we have a proof-reader who has learned the meaning and orthography of ordinary medical terms quite well.

Of course the editor reads the original communications and the editorials (leaving the "selections" to the printer entirely), and while he corrects some errors which would otherwise be overlooked, he realizes his frailties more perhaps, after each issue is printed, than at any other time. How it is possible to see an error several times and not *see* it is a most perplexing problem. After the forms are all printed, however, and the editor opens the first bound copy for inspection, he SEES errors with a vengeance. There is no disguising them then, they loom up and stare him out of countenance until they "make him sick."

Sometimes an over-zealous assistant proof-reader raises the "dickens" with a piece of medical logic and makes it bristle

with inconsistency, and usually this is done on the sly, so that the responsible person is left in the dark until the issue is printed and a storm has gathered.

As an illustration a recent experience of the writer may serve the purpose: In an article on "Masturbation" written about a year ago, we wrote, referring to Professor Howe's circumcision operation, "This relieves the tendency of the snug prepuce to tease the hyperesthetic glans." Of course the average compositor would suppose that a learned editor had misspelled a very common word, and set it up "glands," and of course such was the case in this instance. The correction was made by the editor, however, and in the second or revised proof everything appeared to be all right, and the editor chuckled inwardly at the thought that here was an article free from blunders, but imagine his choler when upon turning the pages of the completed issue he found that some fiend had made a new revision and changed the word so that it again conformed to the compositor's original error.

But what could he do? The matter was past mending, the JOURNAL was printed, bound, and delivered. Swearing might moderate the dangers of an apoplectic seizure, but it could not restore the symmetry of the article, and the only reasonable recourse seemed to be the pouring out of a few vials of wrath on the head of the blissfully unconscious proof-reader, who when visited insisted that the first revision had been preserved, but collapsed at sight of the error in very clear print. Investigation revealed the fact that the assistant proof-reader, a new recruit, a scholarly young lady upon the average, but a novitiate in medical terms, had detected what she supposed to be an error at the eleventh hour and corrected it.

On the whole we boast of an intelligent list of subscribers who are capable of discriminating and ascribing a misspelled word to accidental causes rather than to ignorance upon the part of an author, and should one of our contributors find that the types had taken a little liberty with some pet word or sentence let him remember that the editor has long since outdone him in deeds of forgiveness and charity.

But we will still strive to render contributions in acceptable form, and in continued striving, hope yet to approach a little nearer excellence.

Send us of your best.

The Responsibility of Eclectics in Elevating the Standard.—The question as to whether Eclectic medical colleges can afford to dispense their honors cheaply is one to be kept in a state of agitation. The greatest blow that Eclectic medicine has ever suffered—one that turned many an able and desirable Eclectic over to other schools—was the hullabaloo raised over Buchanan and his corrupt course when he was completely unearthed and his dishonest schemes made public.

Since that time our school has labored under many unjust censures and suspicions which can only be eventually disarmed by the prosecution of the most unwavering course of fidelity to requirements.

Such a course is demanded, not by this or that Eclectic school alone but by all of them, if opposing factions are to be convinced of the purity of our purposes; and when one college oversteps the bounds of virtue and the fact is known, whether publicly or privately, all are injured who are interested, and injured irreparably —faculties, *alumni*, students.

A college which grants to one student its honors upon but a brief attendance prostitutes the diplomas of those who have labored long and diligently for diplomas of the same character —therefore inflicts an injustice upon them.

President Durham of the National Eclectic Medical Association gave utterance to words in his address at Detroit in 1888, which should not be forgotten, and we will reproduce some of them bearing on this subject.

"As we are fewer in numbers than our professional adversaries, it is the plainest wisdom that we should excel them in professional excellence. It behooves us to live their calumnies down, rather than to waste energy to refute them. *The first great step in this direction is to establish a superior standard of qualifications as the condition of graduation at our medical colleges.* . . . But none the less, the Eclectics should give no occasion

to the adversary to speak of us reproachfully. Our colleges must be careful in regard to the general information and intelligence of students. Medicine is not a handicraft nor trade to get a living by, but a profession which those who follow should be careful to exalt and dignify by their own superior literary attainments. Scholarship and erudition will do more than any other agency, apart from professional skill, to assure our status in the country."

The Philosopher's Stone.—The eminent Parisian savant, Dr. Brown-Séquard, who has been an investigator of merit for years past, has recently made some startling announcements in reference to a new method of prolonging physical vigor, especially of rejuvenating the sexual powers.

The announcement has been received by the medical press with ridicule generally, and the statements of the learned savant referred to as the extravaganza of an encroaching senile imbecility.

Possibly and probably this is the correct view of the case but after all, the eminent position of the author will give his expressions weight until they have been disproven.

We copy from a Paris letter to the *Therapeutic Gazette* the leading points in the case:—

"Dr. Brown-Séquard has created quite a sensation in medical and other circles. On the first of this month, at a meeting of the Paris Biological Society, whose president he is, he made a communication on the influence of glands on the nervous system. The subject of itself is not a sensational one, but the paper soon ran off into a most unexpected channel. He spoke substantially as follows: 'Glands have in the economy another function, perhaps, besides separating from the blood used-up products to be excreted. They may at the same time secrete substances having considerable influence over the nervous system and circulation. *Prima facie* the theory is apparently confirmed by the not uncertain influence on the different functions of the nervous system exercised by the ablation of testicles, in eunuchs, for instance. To prove the hypothesis, I tried several times to graft on one animal another animal's parts containing the testicles. Once only I succeeded, with an old dog, who thereby recovered great genital vigor. Within the few months past I took up again the same investigations, only changing the procedure. Into the connective tissues of animals I injected either blood from the testic-

ular vein, or a liquid obtained by triturations of the testicles, or even the seminal vesicles. From the fact that no accidents resulted, I concluded the injections were at least harmless. Next I practiced upon myself injections with a liquid prepared from triturations of guinea pig's testicles and the blood from the testicular vein. No other local accident occurred but slight pain and redness, and no serious complication ensued. The physiological results were most remarkable. The nervous activity increased in every way; muscular power became much superior to what it was before; intestinal and vesical secretions recovered such vigor as had long since disappeared; and capacity for intellectual labor considerably increased. In short, the general effects have been those of a new lease of young manhood. Am I the victim of a delusion or self-suggestion? Perhaps I am, but I believe not. In my opinion no other substance injected could have acted likewise, and my conclusion is that the liquid contains a substance possessing special properties and an undoubted influence on the nervous system. I am aware that my demonstration is not strictly scientific; new and more rigorous investigations will be necessary, and animals are not adapted to the purpose because psychical phenomena cannot with them be readily brought to light. Man alone will answer; but as I am determined to try on no fellow-being such experiments, I have made them hitherto, and shall continue them, on my own person.' At a subsequent meeting of the same society, on June 15, alluding to the new vigor imparted to his general functions, Dr. Brown-Séquard added: 'The most remarkable feature is that such changes should have taken place in the tissues of an old man, who, now 72 years of age, and long since fatigued, has found his muscular, cerebral, and spinal systems so wonderfully strengthened. Yet only dynamical effects can have been produced, since it is well known the anatomical constitution can only be modified gradually, and after a long time, while the beneficial influence of the injections was felt immediately. Since June 1, I only took one injection,—on June 4, to see how long the influence would last. And now I may here affirm that, for the past ten days, I have experienced no decrease of my nervous or muscular powers, and no loss of organic vigor. During those ten days I have been traveling, and found myself able to stand the fatigue of the journey and long walks in a manner quite beyond my strength before I began the injections. For the present I shall not carry further the endeavor to find out how much longer the effect would endure, but propose to resume the injections to better and more fully analyze their mode of action. . . . In my present

experiments I have used the juice of the gland obtained by trituration, and I think it is the liquid during the elaboration process and not the sperm itself which we are dealing with. My reason for believing so is that when the trituration liquid is injected into the tissues of animals, the effects produced are much like those observed upon myself, while nothing of the sort will be noticed with the sperm itself. Another side of the question is, whether the influence of the testicles over man's vital phenomena is not matched by the ovaries over women's. All that is known so far of the condition of castrated women, such as are thus purposely mutilated in India or operated here for surgical reasons, tends to show they are really female eunuchs. I have been wondering whether triturated ovaries would produce on women effects similar to those I have experienced personally, and expect soon to begin the investigations under very good conditions, but would prefer they be made by others, and preferably by lady physicians, either upon themselves or other women. For this reason I appeal to the medical press to help me to elucidate this very important biological problem.' It is scarcely necessary to add that Dr. Brown-Séquard's papers have made more noise in the secular than in the medical press. Some are shaking their heads at what they consider a return to the period when lion's heart was eaten to give courage and lynx's eyes to sharpen the sight. But your correspondent, who heard, on June 17, Dr. Brown-Séquard speaking at the Academy of Sciences, may assure the readers of the *Therapeutic Gazette* that there is apparently nothing the matter with his mental faculties."

The Transactions of the National.—California members of the National will fritter away their opportunities until the privilege of contributing to the Transactions will be beyond their reach. Time was when a member could write twenty-five or thirty pages for publication and no objection; but now it appears as though even the small glory of half a dozen pages must soon be paid for. At the Nashville meeting the project of charging every member at the rate of one dollar per page who contributed to the annual volume was proposed by Prof. Howe, but as this would virtually be a prohibition to print contributed papers, an amendment was adopted limiting papers to seven pages, and requiring a payment of $3.00 per page for all in excess. But as this was found too restrictive on examination, the limit was extended to twelve pages.

This year Dr. Fearn has contributed an article, thus swelling, so far as known by the writer, the number from this State for the present year to two papers, the other having been already published in the JOURNAL.

We find upon looking over the old volumes of the Transactions a dearth of contributions from this section. Certainly there ought to be material for some interesting papers here; why have they not been written?

Death of Dr. Abbett.—Dr. Lawson Abbett, Dean of the Indiana Eclectic Medical College, died suddenly at his home in Indianapolis, last month, of so-called paralysis, at the age of seventy-four years.

The death was sudden and painless, the death that all good physicians ought to die—the euthansia (happy death).

The Doctor arose and attired himself as usual in the morning and was brushing his hair at the dresser, when he stopped suddenly, turned about with a staring expression saying, "I can see nothing, I am blind." He felt his way to a chair, sat down, and said to his wife who had reached his side by that time. "I am dying." Within a few hours after this he passed away.

An Indianapolis paper furnishes the following brief biography:

"Dr. Abbett was born in Henry county, Kentucky, May 29, 1815. At an early age he moved to Columbus, this State, and there married Abigail Chace in August, 1834, who survives him. They celebrated their golden wedding in August, 1884. From Columbus he moved to Lafayette, and from that city he came to Indianapolis, in 1850, where he soon succeeded in getting a large practice. He was a Mason of long standing, and during the existence of the order of Sons of Temperance was conspicuous in his devotion to that order, filling every office in the subordinate and grand lodges with great ability. He was a member of the Tippecanoe Club. For more than fifty years he was an active member of the Methodist Episcopal Church, and, particularly at Columbus and Lafayette, he and his equally devoted wife were noted for their hospitality, especially to the traveling preachers of his denomination. If less conspicuous after moving to Indianapolis, it was because those rights were more generally diffused among a larger membership. He was for more than thirty years a class

leader. His standing among his professional brethren may be inferred from the fact that for many years, and at the time of his death, he was Dean of the Indiana Eclectic College of Medicine. He will be buried from Roberts Park Church; the time of the funeral to be given hereafter."

EDITORIAL NOTES.

DR. J. FEARN spent July and the early part of August recreating with his family in the Sierra Nevada mountains, with headquarters at Sierraville.

IN last month's issue we referred to Dr. Anton as Secretary of the National. We should have written "treasurer." Dr. Wilder is the time-honored secretary—a most acceptable officer evidently.

DR. HURLBUT (*California Homeopath*) highly indorses cypripedium pubescens internally for the relief of rhus poisoning. He advises from one to five drops of the tincture internally every two hours, usually one drop constituting the dose, unless the case proves intractable. Of course he asserts that the remedy cures upon the principle of "similia."

THE American Association of Physio-Medicalists was held in Indianapolis, Ind., on the 21st, 22d, and 23rd of May last. The *Physio-Medical Journal* says it was "a good, grand, and glorious meeting." We are glad that Physio-Medicalists are still alive and hope they will progress. It takes all kinds of beliefs to make that from which true Eclecticism is builded, and we are as grateful for a good thing coming from them as though it emanated from any other source. We will not be above appropriating it either.

OMAHA, NEB., July 26, 1889.

Dear Doctor: Owing to the absence of a number of the fellows of the American Rhinological Association in Europe, and to the Pacific Coast, the Annual Meeting will be postponed until October 9, 10 and 11, 1889, at which time it will be held at the Palmer House, Chicago, Ill. By order of the President.

R. S. KNODE, *Secretary.*

MISCELLANY.

BROMIDIA.—I have used the bromidia (Battle), and the results obtained have been really excellent. It certainly combines all the advantages of other preparations of this nature, while at the same time it posesses none of their disadvantages. The fact that it produces no unpleasant sensation on awaking, renders it especially valuable. DR. LUD MARC.

St. Nazaire sur-Loire, France.

"BLACK EYE."—There is nothing to compare with the tincture or a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum arabic, and with the addition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic sore or stiff neck.—*New York Med. Times.*

GONORRHŒA CURE EXTRAORDINARY.—While pathologists are puzzling their heads over microbes and minute organisms in general, and wrangling over the gonococcus in particular, the Mohammedan *hakims* of the Punjab and "Vale of Cashmir" have solved the matter of treatment of gonorrhœa to their apparent satisfaction. The simplicity of the method is refreshing. It consists, first in bathing the afflicted member with the juice of the watermelon, and next tying it up, scrotum and all, in a poultice of mashed pulp of the same fruit.

Should this fail, however, a sugar melon is next procured, inclosed in a coating of dough, and baked, and while warm a hole made therein, *per quod foramen penis erectus inserendus et semen virile injeciendum esset.—Medical Age.*

BOOK NOTICES.

DIGESTIVE FERMENTS. A tasty volume in paper covers, in which is detailed the nature, quality, dosage, and incompatibilities of these preparations, with notes of clinical cases. Compiled from current literature by the scientific department of Parke, Davis & Co.

We believe this book will be sent free on application to the house at Detroit, Mich.

MORROW'S ATLAS OF VENEREAL AND SKIN DISEASES.

Parts 13, 14, and 15 of this excellent work are now before us.

This work is elegantly gotten up, well illustrated, and the text written by a very competent specialist, Dr. Prince A. Morrow, A. M., M. D.

Several notices of the work have already appeared in these pages, and we still hold it in the high estimate formed from the earlier numbers.

Those of our readers who desire a work of the kind should correspond with the publishers. Wm. Wood & Company, publishers, 56 and 58 Lafayette Place, New York.

GOLDEN DAYS. One of the most interesting stories we have ever read is now being published in Golden Days, entitled "Spud, or the Smugglers of Grand Lake." A trio of Boston boys go to Grand Lake for a summer's outing, get lost, and turn up at a clearing in the forest upon which is located the cabin of a bad man and his Amazonian consort who are engaged, with the assistance of an uncouth neighbor—Ike Cross—in smuggling goods from the province across the lake. The boys find the old man flogging a piping weakling "Spud" who appears to have been a drudge for the two reprobates and an object upon which to vent their vicious spleen since his earliest recollection. The Boston boys interfere, and after a time all take a hand in a sort of promiscous *melee*, during which the virago succeeds in accidentally discharging a load of shot into her amiable husband's legs, and during the excitement which follows the boys take an informal departure, "Spud" following and attaching himself to the crew, to prove the most useful one in the party in assisting it to get out of numerous scrapes which crowd upon the boys in rapid succession. But read it yourself. It is good for all sorts of boys, old and young.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. The May number of this publication contains articles on "The Preventative Treatment of Calculous Disease and the Use of Solvent Remedies," by Sir Henry Thompson, F. R. C. S., M. B; and Sprains—Their Consequences and Treatment," by C. W. Mansell Moullin, M. D.

Calculous disease is one of the inevitables of advanced life unless proper measures are employed to lessen its liability. This work deals with the subject in a philosophical manner and offers some fertile propositions for the avoidance of calcareous tendencies.

The subject of sprains is an important one, and one which deserves more attention from the average practitioner. Such works as this invite attention to the subject and suggest measures by which better results are liable to follow the management.

CYCLOPEDIA OF THE DISEASES OF CHILDREN—MEDICAL AND SURGICAL. The articles being written especially for this work by American, British, and Canadian authors, edited by J. M. Keating, M. D. Volume I, illustrated.

This volume, the first one of a series of four, represents handsomely the project of supplying to American physicians a complete and exhaustive work on diseases of children. The first volume contains 952 pages of well executed and most ably written material on many topics, which a thorough knowledge of cannot fail to benefit every practitioner.

Here the Anatomy of Children, written by Dr. George McClellan, occupies forty pages, the text being beautifully illustrated by photographs from life, frozen sections, and by drawings from dissections.

The subject of Diagnosis, one of the highest importance and a special one so far as the management of diseases of children is concerned, is most ably handled by Dr. James Findlayson.

Following this comes a chapter on the outlines of Practical Bacteriology by Dr. Edward O. Shakespeare, which, however, seems to possess little practical value in a work of this sort. Still to the student or physician interested in this subject, this department may prove useful as a work for reference.

Maternal impressions fills a niche but might better have been noticed in an obstetrical cyclopedia.

The Care of the Child at Birth, Infant Feeding and Weaning, Wet Nurses, Diet after Weaning, The Nursing of Sick Children, Nursery Hygiene, and Dentition and Puberty constitute the balance of subjects considered in part I of this volume, supplying one of its most valuable features.

In part II consideration of the special diseases to which children are subject is begun.

From the outline and drift of what we have read of this work, we are very favorably impressed with it, and while we do not expect much that will prove of intrinsic value from its therapeutics, there is much here having reference to the management of conditions peculiar to childhood that everyone should know if he would be prepared to meet modern physicians at the bedside with a whole armor on.

"Try all things. Hold fast that which is good."